Stakeholder Meeting 8-9-2013

Meeting Notes

FEEDBACK on Vision, Strategies, & State Health Plan Process

Note: The following bullets represent participants' perspectives expressed during a group sharing exercise.

Vision

- Life expectancy is easily measured but misplaced – "health span" not "life span" is what's critical
- Closely aligned with MH Boards in terms of "Healthy Alaskans", but only measuring access to primary care doesn't address behavioral health needs
- Life expectancy is a very long range measure
- Lowest per capita cost measure – can we get per capita costs lower in Alaska than Seattle? Vision/strategies should be a little more in line with what we can do in Alaska.
- Inspirational to aspire to be best and lowest cost simultaneously, but very difficult – more realistic "really good health care delivered efficiently" (not very inspirational) – it's a challenge to come up with a vision that is both inspirational and realistic.
- Vision and strategies are not the same – vision should be something that when you close your eyes gives you a picture that stimulates you to action.
- The term in the vision is affordable, and the challenge for employers is that it is no longer affordable – when it's so much cheaper to have procedures in other states/countries – we've reached a tipping point where we have priced ourselves out of the system/services
- Appreciate focus on healthy people.
- The point is the health outcomes ultimately – the health outcome measure should be strengthened.
- ISER does "Kids Count" – many disturbing figures, but most disturbing – Alaska is the healthiest place to be born, but the least healthy for making it to age 18 – injury, self-harm and assault are the top three problems. Alcohol is not mentioned anywhere in this document
- Do we need a 4th measure – healthiest lifestyles?
- Is it more practical to compare ourselves against ourselves rather than other states?
- Looking for health care system that supports physical mental behavioral health
- Will never be the lowest cost state in the nation.
- Wording should be – Alaskans are the most satisfied with their health care system
- But drug seekers may be very satisfied
- Mental health is addressed in strategies
- You can have fast, good, cheap, you can have two, not all three. Good health outcomes are not cheap. You can take care of the lowest cost by slashing benefits, or by making energy in rural clinics cheaper. Just need to be really honest about costs and reality of costs in Alaska when heating oil is $11/gal in village – mathematically impossible to promise lowest cost.
- Quality and cost on balancing scale – need to measure both.
- Do not include #3 – don't strive for cheap.
- Sustainable might be a better word for affordable – we have a sustainability problem here.
- We need to not water down the vision and make it too easy or we'll never accomplish anything

Core Strategies

I. Ensure the best available evidence is used for making decisions

- Aligned with legislature and other groups, but outcomes are very "neck-down"
- Outcome 3 payers apply EBM – under workers comp payers are prevented from applying EBM currently.
- Have a care about linking patient compliance with physician reimbursement.
- When we talk about vision of having lost cost or at least sustainability there has to be a way to address utilization, and one of the ways to address utilization is with EBM guidelines.
- How do we communicate to the patients
- There's often an absence of evidence.

II. Increase Price and Quality Transparency

- Among the actions – include consideration of government mandated "Sticker price" provided (e.g. cars)
- Need to include medical devices, pharmacy, air ambulance, etc. Focus needs to be broad to all the parts of the industry driving cost.
- Data systems? – data needs to be cleaned and HIPAA secure. Outline the questions – what are you trying answer? Who are you trying to help – patients, payers, providers – who's going to access the data and how will it be used. It needs to be a fair measure of quality? What are the risks that the data will be used appropriately? Who will own the database? Ownership needs to be shared by all Alaskans.
- What matters most to individuals is the price to them
- Quality measurement is important and difficult
- Folks in rural communities don't have choice always.

III. Pay for Value

- First bullet – the state can affect payment strategies of state government most effectively,
- ACA has this as a strategy and has more influence at the fed level than at the state level
- "Brill Report" – need transparency in how payment systems work
- Need technology for payment system efficiency
- The Commission needs to take a long hard look at and consider reconstruction of the current fee-for-service reimbursement model which under-values primary care, prevention, behavioral health, and cognitive subspecialty care for the most complex patients.

IV. Engage Employers to Improve Health Plans and Employee Wellness

No Feedback offered.

V. Enhance Quality and Efficiency of Care on the Front End

- Outcome #2: Alaskans coordinate their health care needs through their primary care provider – those with BH needs sometimes use their MH provider as their primary care provider
- Outcome #1: Needs more in recommended state government action – under ACA there are a lot of questions now – need to focus on access point to PC provider before we can take other actions.
- Access piece is understated – there need to be more items here – just promoting relationships doesn't say much – people need coverage
- Broaden Outcome #1 to all health care services
- Outcome #1 is a means, not an end.

VI. Increase Dignity and Quality of Care for Seriously and Terminally Ill Patients

- We have seriously mentally ill people – focus on terminally ill. Or be more clear. Or expand.
- People in rural Alaska want to stay as close to home as possible. Need something stated to support that.
- No excuse for Commission to not get traction on this – need creative thinking. An incentive is needed for Advanced Directives (e.g. Europe opt-out for organ donation)

VII. Focus on Prevention

- Add Outcome #6 Alaskans use alcohol responsibly. (but what about people who don't drink at all)…
- General promotion of healthy lifestyles – what can the state do to promote health? E.g., infuse healthy lifestyles in schools, in built environment, in workplaces, etc.
- Maintain high quality population data systems
- Needs to address tobacco use too
- Doesn't address needs/issues of children at risk
- Promote coordination of prevention efforts (need formal support from Commission); plus move forward action
- Supporting screening is fine, but what happens next when someone screens positive.
- Prevention never saves money – question isn't whether it saves money but what are the outcomes? The question is valuable.
- VISION: Have the lowest death rate for people 18 and under

VIII. Build the Foundation of a Sustainable Health Care System

- Efforts to develop primary care are failing. WWAMI and family practice residency graduates not going into primary care. Need to investigate
- MEDEX students are going into specialty clinics, not primary care.
- Are we taking advantage of other types/models of care providers, e.g., CHAs, DHATs, BHAs?
- Target government investment to primary care providers is a problem if it doesn't include behavioral health providers.
- Where do we address the waste in the system – how do we eliminate waste in the system (e.g. LEAN)
- Need a smarter way to contract our health care system when fewer resources are needed
- Nurse practitioners are primary care providers in Alaska

State Health Plan Process

- What is the role of other planning bodies and other statewide health plans in the "Statewide Health Plan"?
- List of Strategies in original A.O. included insurance coverage – an important strategy for increasing access – this is currently missing from process
- How do stakeholders stay involved in the process – what part do stakeholders have to play in this process?
- Process needs to include care providers.

CONTRIBUTIONS Stakeholders are Making to Core Strategies

I. Ensure the best available evidence is used for making decisions

- "Recover Alaska" (Alaska Mental Health Trust Authority/Rasmuson Foundation/MatSu Health Foundation) is creating a Center of Excellence for alcohol-related services and outcomes
- Commission hosting workshop on evidence-based medicine later this month and invited ANTHC/others.
- Premera has been working with the Alaska State Medical Association to promote the "Choosing Wisely" guidelines; need to expand to members/patients
- Providence using foundation of EMR to reduce variation by using one build across hospitals and clinics to draw clinicians together to discuss and apply evidence in the same way (e.g., same order sets) – system wide.
- Department of Administration is beginning to incorporate evidence-based medicine in employee health plan design.
- Providers (Aetna's partners?) who are providing primary or specialty care are reporting numbers/% of patients who have a primary care medical home – Would not be difficult to add questions about shared decision making.
- *(consider under "Feedback")* Patient understanding of EBM needs to be improved – need to provide resources for patient education.
- In Primary Care peer pressure contributes to application of EBM.
- The Alaska Workers Comp Board considering including EBM guidelines in regulations; considering either ODG or ACOM (national treatment guidelines)
- UAA College of Health is incorporating EBM into health professional training and health administration training; and faculty are involved in contributing to the evidence base through their research activities
- Hospitals use core measures and a number of national evidence-based standards; Hospitalcompare.gov shows compliance with those standards nationally.
- Providence is working on transitions of care
- Mental Health and Drug & Alcohol Boards have prioritized planning and advocacy of evidence-based practices as a systems strategy. Also have supported looking at research-based and promising practices (especially culturally relevant) to expand evidence based with Alaskan models.

II. Increase Price and Quality Transparency

- Premera has cost and quality transparency web-based tools for plan members, including publicly reported quality info (from CMS), and also member's cost share.
- Aetna also has web-based cost and quality transparency tools for plan members.
- Department of Administration plans to add health plan's web-based tool for employees and retirees.
- Providence is adding web-based transparency tool for employees effective January 1. Will use Castlight.

III. Pay for Value

- DHSS is engaged in a cost study with a contractor for behavioral health services so should have good cost data around publicly funded behavioral health services soon.
- *(consider under "Feedback")* Need to look closely at open platform opportunities for buying pharmaceuticals – examine Pharmacy Benefit Managers (PBMs) – State needs to look at it and audit the value of their PBM program – eliminate the middle man, and decrease time primary care providers spend juggling formularies.

- Alaska Primary Care Association is embarking on a National Association of State Health Policy project with DHSS to look at payment reform – options to support care coordination and integrated health services.
- Division of Behavioral Health has instituted a performance-based funding system for grantees. Grants that just went out to Community Behavioral Health providers took into account measures of both efficiency and effectiveness on a sliding scale.
- Workers Comp Board is recommending the state move away from a charge-based 90% UCR fee schedule to alternate fee system – likely to be RBRVS +multiplier or % of Medicare.

IV. Engage Employers to Improve Health Plans and Employee Wellness

- Institute for Social & Economic Research/UAA (ISER) is collaborating with the AK Department of Labor & Workforce Development to conduct a study of employer health offerings for the Commission.
- ISER is working on expanding capacity for research around this range of issues (health care) to inform the policy discussions. Also advocating for the importance of research/evidence-based decision making and the importance of the data needed to make such research possible.
- Employers in general in Alaska are starting to move to consumer driven health care plans, which make the consumer sensitive to prices and engage the consumer in the pay-for-value equation.
- Department of Administration has started an employee wellness program for employees in the state health plan and will continue to expand it.
- *(consider under "Feedback")* It would be useful to provide to employers data and information regarding what other employers are doing and paying and what benefits are included in their plans, to provide some baseline and median data to help employers with design of their health plans.
- Central Peninsula Hospital implemented employee health management program – increased deductible but allowed employees to earn back the increase based on participation in wellness education and activities made available to them.
- Commonwealth North has a Health Care Study Group convened to study what employers can do to address health care cost and access and employee wellness. Report to be issued in November of this year.
- Providence is in Year 4 of a new comprehensive employee health management program with incentives, and with 4 years of trending data now available are able to demonstrate with confidence a positive return on investment – it takes a few years to determine whether you've achieved ROI.
- HCA/Alaska Regional Hospital is also implementing an employee health management program with incentives for demonstrated health improvement to reach higher tiers of coverage.

V. Enhance Quality and Efficiency of Care on the Front End

- Under DHSS's new "integrated regulations" (combined mental health and substance abuse regulations), SBIRT (Screening, Brief Intervention, & Referral to Treatment --- evidence-based screening tool) is now reimbursable expanding access to screening.
- The Tribal health system provides care as close to home as possible and uses innovative worker models plus telemedicine to ensure access to care in home communities.
- United Way and other community partners have a coalition working together on an initiative to support enrollment in the new Health Insurance Exchange (Health Marketplace).
- The Alaska Primary Care Association is working on a couple of Patient-Centered Medical Home projects – improving service integration and care coordination – working with broader health sector as well as Community Health Centers – and including oral health too.
- The Tribal Health System and the US Dept of Veterans Affairs have an integrated contract now – collaborative agreement to reimburse tribal clinics for primary care close to home for VA

beneficiaries. VA beneficiaries using these clinics under this agreement need not be IHS beneficiaries.

- Alaska State Hospital & Nursing Home Association is working with Critical Access Hospitals (CAHs) on quality and efficiency (e.g., using LEAN tools)
- UAA College of Health working on this in health provider and administrator training, and faculty are involved in research, advocacy and policy arenas as well.
- Premera screens all patients in active case management for behavioral health issues using PHQ-9 and have seen improvement after case management investigations.
- Premera screens all patients with chronic disease in their disease management program for depression and make referrals to behavioral health providers when appropriate.
- "Recover Alaska" is piloting rural and urban one-stop shop for alcohol prevention and service referral with patient navigators.
- The Alaska Mental Health Trust Authority supports a variety of screening models, trying to get them into the primary care setting, SBIRT (alcohol screening), IMPACT (depression screening), and Mental Health First Aid.

VI. Increase Dignity and Quality of Care for Seriously and Terminally Ill Patients

- Advanced Health Care Directives Registry legislation strongly supported by the behavioral health boards (there currently isn't a place for advanced psychiatric directives to "live", plus boards' constituents get old too and would benefit from a registry for regular directives as well).
- The Tribal Health System has piloted tele-palliative care to support patients to stay close to home in rural communities; and has also piloted just-in time training for health aides working with dying patients in the village.
- Providence Alaska Medical Center supports a Palliative Care Fellowship Program that is producing one Fellow per year (most of whom hopefully stay in Alaska afterwards).
- Enrollment in Providence Anchorage Hospice is slowly and steadily growing – enrollment a year ago was about 50 and is now about 70 – penetration into community and understanding of value of Hospice is growing, but there's still a lot of work to be done (estimated need for community this size about 125 per week).
- Rasmuson Foundation has funded and expects to continue funding assisted living facilities in rural hub communities to support service availability in those communities.
- Aetna has a Compassionate Care Program where members with serious and terminal illness can continue to receive treatment and avail themselves of Hospice at the same time.
- Alaska Mental Health Trust Authority hosts the Long Term Care Ombudsman and also just added long term care as a Focus Area.
- UAA incorporates care for seriously/terminally ill in provider training, provides continuing education in this area, and faculty contribute to research in this area.

VII. Focus on Prevention

- The Healthy Alaskans 2020 initiative has involved a lot of people and fits in this section.
- The behavioral health Boards have the "Sound Minds in Sound Bodies" campaign, which includes physical activity as an element, and will continue this program.
- Behavioral health Boards will continue advocacy around prevention efforts – and brings people doing prevention together to facilitate coordination, avoid duplication, and maximize impact.
- United Way and their partners have a number of programs related to youth including access to healthy foods, healthy behaviors among youth, and also physical activity (suite of activities addressing policies, systems building, and action).
- Alaska Children's Trust is doing a lot of work around Adverse Childhood Experiences (ACEs), and has applied to the Kellogg Foundation to be the Alaska designated ACE's entity coordinating with other state ACEs groups around the country.

- ANTHC has had a pilot program for patient navigation for colorectal cancer screening – increasing rates (as much as doubling) for evidence-based screening (age appropriate indication); travelling colonoscopies….
- ANTHC is using Electronic Health Record as a tool to support screening and referral for tobacco use and cessation.
- ANTHC has the "Store outside your Door" initiative – healthy sources of food and lean protein available in subsistence foods – lowering rates of diabetes in AK Natives vs. other states.
- Behavioral health Boards recognize that maintaining and using data around these issues is important – population data for measuring effectiveness of interventions/programs is necessary – so the Boards have supported the Behavioral Risk Factor Surveillance Survey, including paying for the new ACE's module.
- Denali Commission and other partners have been working to make sure that all new/remodeled primary care clinics in rural communities include space for behavioral health and oral health services in the design.
- State legislation is currently pending to address opiate epidemic.
- Workers Comp Board is considering regulations to adopt an opiate strategy. 80% of injured workers receive opiates in the initial treatment stage, and need support in reducing use/need following initial treatment.
- The Tribal Health System have for a number of years supported a number of injury prevention programs, such as Kids Don't Float (drowning prevention program); as well as newer prevention programs – "I Know Mine" (STD testing/prevention for young people).

VIII. Build the Foundation of a Sustainable Health Care System

- The Alaska Health Workforce Coalition has been working with numerous partners on a common strategy and work plan.
- AHEC's Health Worker Vacancy Study was recently completed.
- AeHN Health Information Exchange just went live in Fairbanks and Soldotna just signed up.
- The Tribal Health System continues to develop new applications in telemedicine.
- *(consider under "Feedback")* Lack of available housing for health care workers is a significant recruitment/retention problem in rural Alaska.
- The SHARP program – is providing loan repayment and financial incentives for workforce recruitment and retention.
- Under Innovative Workforce – The DHSS integrated regulations now allow for reimbursement for peer support services in supervised behavioral health settings.
- The Mat Su Health Foundation/Trust/DHSS/ANTHC partnering to undertake a Behavioral Health System Study to understand what's going on with the system and where we need to go.
- Primary Care Associates' Clinics promote the Choosing Wisely campaign, and are also hoping to promote the millisievert tags (Intermountain program in Utah (cumulative effect of ionizing radiation) to make people more aware of CT scan radiation exposure.
- The Tribal Health System has been the leader in innovative workforce development and support – first in the US with development of Dental Health Aide Therapists, which is now spreading to other states.
- Every hospital in the state is investing in electronic health records and appropriate use of clinical data
- AHEC and Workforce Coalition working on clinical rotations
- *(consider under "Feedback")* Not just Physicians are needed – the whole compendium of workers are needed.
- University of Alaska faculty play an important role in health workforce research.